

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	4					
6	4					
7	4					
8	4					
9	3					
10	2					
11	2					
12	2					
13	4					
14	4					
15						
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29						
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31						
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*	
IND.	DEP.	IND.	DEP.
51	1	1	
52	1	1	
53	1	1	
54	1	1	
55	1	1	
56	1	1	
57			
58			
59			
60			
61			
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97			
98			
99			
100			
TOTAL IND.	8	1	1
TOTAL DEP.	53	1	1
TOTAL CLAIMS	61	1	1